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Permanent Business Address  PO BOX 12348  City Day Pin What Poly State 20 Cell Proces (380) 121-1750 critique of Cell Proces (380) 121-	711 CAPI PO BOX 4 0LYMPIA (360) 753 TOLL FRI	TOL WAY RM 206 10908 . WA 98504-0908 -1111	LOBBYIST I	REGISTRATION	— •	DATE FILED PDC	
Por Box 12348    Permanent 360 421-782  Temporary ()		RD				2011	
2. Temporary Thurston County address during legislative session  ### 98508  2. Temporary Thurston County address during legislative session  ### PAPENDER OF AFT. NET  ### PAPENDER OF Which you likely to whi		,		Permanent Temporary	(360) 426·7821		
3. Employer's name and address (person or group for which you bolby)  WAS INJETED SPACE PARTICIS IN 49  (A) Term Wolfendule Kill Garts  Space Technology Comparation  Space Technology Com	Olympia		WA				
Space Technology Company   Space   S						ONARD@ATT.NET	
Jobeyst reports, (Person responsible for producing the looblyst employer's annual L.3 report.)   Form Wolf Fundal   Form   Ave.   Suite 2900 Seathle Wt 9814   Rugaks. Con	Washington Space Partnership  C/D Tom Wolfendale Kil Gates  925 Fourth Ave, Suite 2900 Seattle, WA 98/04				space	space Technology Companie	
5. What is your pay (compensation) for lobbying?  S S S S S S S Per Per   Pull Thr   Chour, day, month, year)  Other. Explain:  Other. Explain:  Other Explain:  No: I am reimbursed for lobbying expenses? Explain which expenses.  No: I am reimbursed for lobbying expenses? Explain which expenses.  No: I am reimbursed for expenses.  No: No: I am not reimbursed for expenses.  No: No: No: I am not reimbursed for expenses.  No: No: I am not reimbursed for expenses.  No: No: I am or employer a business or trade association or organization?  I year, attach a list drowing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450. This year.  No: No: No: No: No: No: No: No: No: No	Jobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)					s. wolfendale@	
Yes: \$   per	5. What is your pay (compensation) for lobbying?  \$ \( \frac{5415}{5415} \) \text{per \( \frac{mon th}{(\text{hour, day, month, year)}} \)			Description of employment (che  Full time employee  Part time or temporary emp  Contractor, retainer or simi	eck one or more boxes ployee lar agreement	Sole duty is lobbying  Lobbying is only a part	
Permanent lobbyist	☐ Yes: \$ per ☐ Yes: I am reimbursed for expenses.  ☑ No: I am not reimbursed for expenses.			If yes, explain which ones.	lobbying expenses di	rectly?	
associations, or organization? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.    No	Permanent lobbyist	☐ Only duri					
143 and 144 for instructions.   Sennifer Ziegler Public Affairs	associations, or organizations? If "yes, the past two years or is expected to partie two years or is expected to partie. No Yes. The list is of parties attared to fund raising events? If so, list the nation No	" attach a list showing y over \$1,450 this yea  \( Yes. However, nothed Blue Orio  cted, related or closely  time of that political act	the name and address of e.r. o member or funder has pai aun, Planetai y affiliated political action co	ach member or funder who has p	oaid fees, dues or othe	r payments over \$1,450 during either of	
or state agencies concerned with following subjects:  CODE SUBJECT CODE Health Care  01		•	• • •		s, list name of each pe	rson who will lobby. (See WAC 390-20-	
statement. in this registration statement.  12. LOBBYIST'S SIGNATURE DATE EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE	or state agencies concerned with follow  CODE SUBJECT  01	CODE 09	SUBJECT Health Care Higher education Human services Labor Law and justice Local government State government Technology Transportation	Remarks:			
	statement.		in this registration statement.				
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